

# UW/WSMB Nematode Soil Sample Information Form

*Please read these instructions*

*Complete this form and mail with your soil sample.  
One sample form must accompany each soil sample.  
All samples must have a grower name and address.*

***\*Please write legibly and provide as much information as available\****

Send Results to: Grower  Submitter  Both

### Submitter Contact Information

Business \_\_\_\_\_  
 Submitter Name \_\_\_\_\_  
 Submitter Email \_\_\_\_\_

### Grower Information

Grower Email \_\_\_\_\_  
 Farm Name \_\_\_\_\_  
 Grower Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_

UW Sample Kit Number	Pest Pros Lab Number
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**Submit samples and this form  
using the postage-paid envelope  
to:**

Pest Pros  
P.O. Box 188  
Plainfield, WI 54966-0188

### Field Information

County location of field (required) _____	Latitude of field _____
Township of field _____	Longitude of field _____
Last year's crop _____	This year's crop _____
Variety name of this year's or most-recent soybean crop _____	
Field name or number (use actual field number if available) _____	

Soil Texture    Sand    Sandy Loam    Silt Loam    Loam    Clay    Clay Loam

Has this field ever been tested for presence of SCN?    Yes    No

Do you suspect SCN to be present in this field?    Yes    No

Special notes about this field or sample \_\_\_\_\_

**This nematode testing kit is provided to you by**

**UW Department of Agronomy**  
 1575 Linden Drive  
 Madison, WI 53706  
 608-220-2693

**WI Soybean Marketing Board**  
 4414 Regent St., Suite 204  
 Madison, WI 53705  
 608-274-7522

Lab results provided by:

